BIRCH, STEWART, KOLASCH & BIRCH, LLP

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PLEASE NOTE:

COMPINED DECLARATION AND DOWED OF ATTORNEY

YOU MUST			OWER OF ALLOR				
COMPLETE TH FOLLOWING:		DESIGN	APPLICATION	IS			
	As a below named inventor, I hereby declare verily believe that I am the original, first and (if plural inventors are named below) of the	sole inventor (if only on	e inventor is named below) or an or	iginal, first and joint inventor			
Insert Title:	LOW NOISE BLOCK DOWN CONV						
	the specification of which is attached hereto.	If not attached hereto,					
Fill in Appropria	the specification was filed on			as			
Information - For Use	United States Application Number						
Without	and amended on		(if a	applicable); and/or			
Specification Attached:	the specification was filed on			as PCT			
	International Application Number			; and was			
	amended on			(if applicable)			
	I hereby state that I have reviewed and u by any amendment referred to above. I acknowledge the duty to disclose infor §1.56. I do not know and do not believe the s thereof, or patented or described in any prin	mation which is material t	o patentability as defined in Title 37, used in the United States of Americ	Code of Federal Regulations,			
	prior to this application, that the same was a application, that the invention has not beer application in any country foreign to the Uni more than twelve months (six months for do on this invention has been filed in any coun representatives or assigns, except as follows:	n patented or made the si ited States of America on esigns) prior to this applic ntry foreign to the United	abject of an inventor's certificate is an application filed by me or my le ation, and that no application for p	ssued before the date of this gal representatives or assigns atent or inventor's certificate			
	I hereby claim foreign priority benefits or inventor's certificate listed below and have a filing date before that of the application o	ve also identified below a	ny foreign application for patent or				
Insert Priority	Prior Foreign Application(s)			Priority Claimed			
Information: (if appropriate)	⇒ 2002~296157(P) Jay (Number)	(Country)	October/9/200 (Month/Day/Year Filed)	ر ر			
a uppropriam,	(Tamoer)	(couldy)	(Montal / Day / Teat Fried)	Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
Insert Provisions	I hereby claim the benefit under Title 35, Uni	ted States Code, §119(e) o	f any United States provisional appli	ication(s) listed below.			
Application(s): if any)	(Application Number)			(Filing Date)			
	(Application Number) (Filing Date)						
	All Foreign Applications, if any, for any Pathe Filing Date of this Application:	atent or Inventor's Certific	cate Filed more than 12 months (6	months for designs) Prior to			
Insert Requester Information: (if appropriate)	d Country	App	Da Da	Date of Filing (Month / Day / Year)			
Insert Prior U.S.	I hereby claim the benefit under Title 35, U insofar as the subject matter of each of the c in the manner provided by the first paragra, which is material to patentability as define filing date of the prior application and the r	laims of this application i ph of Title 35, United Sta d in Title 37, Code of Fe	s not disclosed in the prior United S ates Code, §112, I acknowledge the deral Regulations, §1.56 which b	States and/or PCT application duty to disclose information			
Application(s): (if any)	(Application Number)	(Filing Date) (Status -		patented, pending, abandoned)			
	(Application Number)	(Filing Date)	(Status - patent	ed, pending, abandoned)			

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PLEASE NOTE:

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may ieopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:							
Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Insert Name of Inventor Insert Date This Document is Signed	Koji	MOTOYAMA	Xoji motoyan		July 29, 2003		
Insert Residence	Residence (City, State & Country)			CITIZENSHIP			
Insert Citizenship	Osaka, Japan			Japanese			
Insert Mailing	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Address	3-1-2-802, Yamasaka, Higashisumiyoshi-ku, Osaka-shi, Osaka, Japan						
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City,	State & Country)		CITIZENSHIP			
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	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City,	State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City,	State & Country)		CITIZENSHIP	"		
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country) CITIZENSHIP						
MAILING ADDRESS (Complete Street Address including City, State & Country)							
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	* DATE OF SIGNA						